Fill in this infor	mation to identify your case:		Ch	eck one box	only as d	lirected in this form and	in Form
Debtor 1	Darrell Joseph Howard		12	2A-1Supp:			
Debtor 2				■ 1 Thoro is	no proc	umption of abuse	
(Spouse, if filing)							
United States	Bankruptcy Court for the: Southern District of	of Mississippi		applies	will be n	to determine if a presur nade under <i>Chapter 7</i>	
Case number	25-50563			_	,	icial Form 122A-2).	
(if known)						does not apply now be y service but it could ap	
				☐ Check if	this is a	in amended filing	
Official F	<u>form 122A - 1</u>						
Chapter	7 Statement of Your Cui	rent Mor	nthly Inc	ome			12/19
attach a separat case number (if qualifying milita	and accurate as possible. If two married people are sheet to this form. Include the line number to we known). If you believe that you are exempted frow ry service, complete and file Statement of Exemple alculate Your Current Monthly Income	which the addition m a presumption	nal information a of abuse becau	applies. On the	e top of a	ny additional pages, writh marily consumer debts o	te your name and or because of
	your marital and filing status? Check one or	nlv					
	parried. Fill out Column A, lines 2-11.	ny.					
	ed and your spouse is filing with you. Fill o	it both Columna	A and P lines	2 11			
	ed and your spouse is NOT filing with you.			2-11.			
	, ,	•	•	lumna A and	D lines (0.44	
	ing in the same household and are not lega				•		
pe	ing separately or are legally separated. Fill nalty of perjury that you and your spouse are I ng apart for reasons that do not include evadi	egally separated	l under nonbar	kruptcy law t	hat appli	es or that you and you	
	erage monthly income that you received from all						
the 6 months	r example, if you are filing on September 15, the 6-m, add the income for all 6 months and divide the total the same rental property, put the income from that p	by 6. Fill in the res	sult. Do not inclu	de any income	amount m	ore than once. For examp	ole, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
payroll de	ess wages, salary, tips, bonuses, overtime, eductions).		`	\$	0.00	\$	
	and maintenance payments. Do not include 3 is filled in.	payments from	a spouse if	\$	0.00	\$	
of you or from an u and room	Ints from any source which are regularly paryour dependents, including child support unmarried partner, members of your household mates. Include regular contributions from a spoon of include payments you listed on line 3.	 Include regular your depender 	contributions nts, parents,	\$	0.00	\$	
5. Net inco	me from operating a business, profession,						
			tor 1				
	ceipts (before all deductions)	\$ 0.00					
,	and necessary operating expenses	-\$ 0.00	Copy here ->	c	0.00	\$	
	hly income from a business, profession, or far	m \$	copy nere ->	Φ	0.00	Φ	
6. Net inco	me from rental and other real property	Deh	tor 1				
Gross ro	coints (hefore all deductions)	\$ 0.00	101 1				
	ceipts (before all deductions) and necessary operating expenses	-\$ 0.00					
	hly income from rental or other real property	·	Copy here ->	\$	0.00	\$	
	dividends, and revalties	*		\$	0.00	\$	

Official Form 122A-1

\$

7. Interest, dividends, and royalties

Debto	r1 <u>[</u>	Darre	II Joseph Howard			Case number	r (if known)	25-50563		
						Column A Debtor 1		Column B Debtor 2 o		
8.	Unem	nployr	ment compensation			\$	0.00	\$		
	Do no the So For	ot ente ocial S r you	er the amount if you contend that the amount Security Act. Instead, list it here: \$ spouse							
0		•	•							
	benef not inc United disabi pay pa does	it unde clude d d State ility, or aid un not ex	retirement income. Do not include any are the Social Security Act. Also, except as sany compensation, pension, pay, annuity, ces Government in connection with a disability death of a member of the uniformed service that ceed the amount of retired pay to which you der any provision of title 10 other than chap	stated in the next senter or allowance paid by the ty, combat-related injur- ces. If you received any pay only to the extent the u would otherwise be en	nce, do e y or retired hat it	\$	0.00	\$		
	Do no receiv dome United disabi	ot inclu ved as stic te d State ility, or	m all other sources not listed above. Spude any benefits received under the Social state a victim of a war crime, a crime against hurrorism; or compensation pension, pay, an es Government in connection with a disability of death of a member of the uniformed service a separate page and put the total below	Security Act; payments manity, or international nuity, or allowance paic ty, combat-related injur	or I by the ry or	e	0.00	¢.		
		·			_	\$	0.00	\$		
						\$	0.00	\$		
		To	tal amounts from separate pages, if any.		+	\$	0.00	\$		
11.			your total current monthly income. Add ling in. Then add the total for Column A to the to		\$	0.00	+ \$		Total c	0.00
Part	2:	Dete	ermine Whether the Means Test Applies	to You					mcome	
12.	Calcu	ılate y	our current monthly income for the year	Follow these steps:						
		-	your total current monthly income from line	•		Сор	y line 11 h	nere=>	\$	0.00
		•	y by 12 (the number of months in a year)						x 1	
	12b. 7	The re	sult is your annual income for this part of th	e form				12b	o. \$	0.00
13.	Calcu	ılate t	he median family income that applies to	you. Follow these step	s:					
	Fill in	the st	ate in which you live.	MS						
	Fill in	the nu	umber of people in your household.	2						
	To fin	d a lis	edian family income for your state and size t of applicable median income amounts, go	online using the link sp	ecified	in the separa	ate instruc	13. tions	\$	64,928.00
			 This list may also be available at the banke lines compare? 	кгиртсу сіегк з опісе.						
• • •			•	on the ten of nega 1 ab	aali hay	1 Thorn in		untion of abus		
	14a. 14b.	_	Line 12b is less than or equal to line 13. C Go to Part 3. Do NOT fill out or file Official Line 12b is more than line 13. On the top	Form 122A-2.						22Δ - 2
Dont			Go to Part 3 and fill out Form 122A-2.	or page 1, check box 2,	THE PIC	osumpuon oi	abase is	acterrimica b	y 1 Omi 12	.ZA-Z.
Part			n Below	, along the distance of	41-		ta 2	alama and the		
			ning here, I declare under penalty of perjury	r tnat the information or	n this sta	atement and	ın any atta	acnments is t	rue and co	orrect.
	Х		Darrell Joseph Howard							
			rell Joseph Howard nature of Debtor 1							
	Date	Apr	ril 23, 2025							

Debtor 1

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Debtor 1	Darrell Joseph Howard	Case number (if known)	25-50563	
	MM / DD / YYYY			
	If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this form.			

Debtor 1	Darrell Joseph Howard	Case number (if known)	25-50563
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Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2024 to 03/31/2025.

Non-CMI - VA Income

Source of Income: VA Disability

Constant income of \$4,602.74 per month.